

Application Data Sheet

Inventor Information

Inventor One Given Name::	Usha
Family Name::	KASID
Mailing Address Line One::	7212 Dubuque Ct.
City::	Rockville
State or Province::	Maryland
Postal or Zip Code::	208555
Country::	US
Citizenship Country::	US
Inventor Two Given Name::	Deepak
Family Name::	KUMAR
Mailing Address Line One::	1530 12 th Street North, Apt. #805
City::	Arlington
State or Province::	Virginia
Postal or Zip Code::	22209
Country::	US
Citizenship Country::	India
Inventor Four Given Name::	Prafulla
Family Name::	GOKHALE
Mailing Address Line One::	13363 Horsepen Woods Lane
City::	Oak Hill
State or Province::	Virginia
Postal or Zip Code::	20171
Country::	US
Citizenship Country::	India
Inventor Four Given Name::	Imran
Family Name::	AHMAD
Mailing Address Line One::	4731 West Pebble Beach Dr.
City::	Wadsworth
State or Province::	Illinois
Postal or Zip Code::	60083
Country::	US
Citizenship Country::	US

Correspondence Information

Customer Number::	000023460
Phone::	(312) 616-5600
Fax::	(312) 616-5700
Electronic Mail::	mail@leydig.com

Application Information

Title Line One::	ANTI-APOPTOPIC GENE SCC-S2 AND DIAGNOSTIC
Title Line Two::	AND THERAPEUTIC USES THEREOF
Formal Drawings::	Yes
Total Drawing Sheets::	9
Docket Number::	223316

Application Type::	Regular
Subject Matter::	Utility
Secrecy Order in Parent Appl.?:	No

Representative Information

Representative Customer Number :: 23460

Domestic Priority Information

Application Number::	This Application
Type::	Continuation of
Application Number::	PCT/US02/02212
Filing Date::	January 28, 2002
Publication Number::	WO 02/059337 A1

Application Number::	PCT/US02/02212
Type::	PCT of Provisional
Application Number::	60/264,062
Filing Date::	January 26, 2001

Assignee Information

Name of First Assignee:	Georgetown University
Address Line One::	Office of Technology Licensing
Address Line Two::	Harris Building, Suite 101
Address Line Three::	Box 571408
City::	Washington, D.C.
State or Province::	D.C.
Country::	US
Postal or Zip Code::	20057-1408

Name of Second Assignee:	NeoPharm, Inc.
Address Line One::	150 Field Drive, Suite 195
City::	Lake Forest
State or Province::	Illinois
Country::	US
Postal or Zip Code::	60045